

Health Promotion Resource Guide

Assembling the Evidence: Weight Management



Health promotion interventions should be based on sound scientific evidence of effectiveness.

- Evidence-based health promotion relies on the findings of valid scientific research to determine whether an intervention is **likely to be effective**.
- Evidence-based reviews also provide information to help ensure **efficient use of resources**.
- Use scientific evidence *combined with* results of a needs assessment to make **good decisions** about the type of health promotion programs to be developed and implemented. This evidence will also help you get Command support.

HELPFUL HINT: Use evidence from respected and reliable sources like:

Centers for Disease Control (CDC), National Institute of Health (NIH), the National Guidelines Clearinghouse, US Preventive Services Task Force (USPSTF), and the Guide to Community Preventive Services (Community Guide).

Recommended screening metrics

- USPSTF recommends using **BMI and waist girth** as screening metrics. These measures are simple and non-invasive, and are proven clinical indicators of adverse health effects.
- USPSTF also recommends that clinicians **screen all adult patients** for obesity.
<http://www.ahrq.gov/clinic/3rduspstf/obesity/obesrr.htm>

Recommended program components

- USPTF recommends **intensive counseling** (more than one session per month for at least the first three months of the intervention) to promote sustained weight loss for obese adults.
<http://www.ahrq.gov/clinic/3rduspstf/obesity/obesrr.htm>
- The Community Guide recommends **multi-component interventions** to promote healthy weight. Nutrition education, exercise counseling, and behavioral strategies will help patients acquire needed skills and supports. <http://www.thecommunityguide.org/obese/obese.pdf>
- The American College of Preventive Medicine recommends a combination of **moderate physical activity** and **reduced-calorie intake**. Unless contraindicated, moderate physical activity for 30 to 45 minutes, at least three to five days per week should be encouraged. Calorie consumption of 1,000 to 1,200 kcal/day for women and 1,200 to 1,600 kcal/day for men is appropriate.
http://www.acpm.org/polstmt_weight.pdf

Cost avoidance data

- According to the US Department of Health and Human Services (DHHS), as body mass increases, so do health care utilization and costs. Studies have shown as much as a **36% increase in costs** for inpatient and ambulatory services for obese individuals.
<http://aspe.hhs.gov/health/prevention/prevention.pdf>
- Also according to DHHS, obesity impacts **workplace productivity**. Obese employees take more sick leave than non-obese employees and are twice as likely to have a high level of absenteeism.
<http://aspe.hhs.gov/health/prevention/prevention.pdf>

Bottom line

Use the evidence to plan and implement an **effective** and **resource-efficient** weight management program and to **gain Command support** for the program.